



**SPRING/FALL SEMESTER INTERNSHIP APPLICATION**

**Note: Internships in Senator Vitter's Office are Unpaid**

**Personal Information:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone number: \_\_\_\_\_ Cell Phone number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Parent's Name/Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parent's Phone: \_\_\_\_\_

Hometown/State: \_\_\_\_\_

**Education:**

College/University enrolled: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Year in school: \_\_\_\_\_ Expected Year of Graduation: \_\_\_\_\_

Major: \_\_\_\_\_ GPA: \_\_\_\_\_

**Availability:**

Semester (Please circle one): Spring / Fall

Preferred Start/End Dates: \_\_\_\_\_

Availability (Days and Hours per week): \_\_\_\_\_

**\*\*\*Please attach a resume and one page essay/cover letter explaining why you want to intern in the Office of Senator David Vitter. Recommendations are also welcomed\*\*\***

Signature\_\_\_\_\_ Date signed\_\_\_\_\_

I certify, to the best of my knowledge and belief that the information contained herein and attached to this application, is accurate, true, and complete. I understand that false or fraudulent information on or attached to this application may be grounds for not considering my application, or terminating my internship after it begins.

**Completed applications can be sent by mail, fax, or email:**

**Senator David Vitter  
516 Hart Senate Office Building  
Washington D.C., 20510  
Fax: 202-228-5061  
Email: Julie\_Dyer@vitter.senate.gov**